

MetLife

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For Company use only:

Branch/District and Agency Numbers _____ / _____

Payment Direction (circle one): Payee Branch/District Broker

Individual Life Death Claim Form

In order to process your claim as quickly as possible we need some information about you and the insured. Please submit the insurance policies, and an official certified copy of the death certificate with the claim form. Each claimant must submit his or her own claim form. Only one certified copy of the death certificate must be submitted.

A. Insured Information

Name PEGGY GOODMAN Date of Death 3-5-06

Please list all life insurance policy numbers on which you are filing claim

906 330 1550

All policies listed above (except those where claim is being made under a Waiver of Premium rider) should be submitted with your claim. If policies are not attached, please state why: _____

Address _____

Number Street Name

Apt/Box # (If any)

City

State

Zip

Marital Status: Single _____ Married _____ Widow/Widower ☒ Separated _____ Divorced _____Date of Birth 9-1-1928 Place of Birth _____

Is Claim being made for Accidental Death Benefits? Yes _____ No _____ (If yes, please refer to the Additional Information on page 6.)

If you would like us to check for additional life insurance coverage with MetLife or with one of our affiliates listed above, please be sure to complete Section G of the claim form on page 4.

B. Claimant Information

Name Tarish Whit. Moen Date of Birth _____ Sex: Male _____ Female ☒

Social Security or Trust/Estate Identification Number or Social Security Number of any minor child: _____

Phone Number (in case we need to contact you): Day (____) _____ Evening (____) _____

Address _____

Number Street Name

Apt/Box # (If any)

City

State

Zip

Your relationship to the insured: Husband/Wife _____ Child ☒ Other _____ (Explain)

E-mail Address (if available) _____

C. Claimant Signature & Tax Certification

Your Social Security or Trust/Estate Identification Number or Social Security Number of the minor child: _____

If you are claiming on behalf of a minor child, please provide the child's name, address, and telephone number

Under the penalties of perjury I certify:

1) That the number shown above is the correct taxpayer identification number; and 2) That I am not subject to backup withholding and have not been notified by the IRS. (If you have been so notified as a result of a failure to report all interest and dividend income, cross out and initial item 2. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications to avoid backup withholding).

Sign Here

Your Signature

Date

Witness' Signature

Date

GenAmerica Financial Corporation
MetLife Investors USA Insurance Company
Metropolitan Life Insurance Company
Metropolitan Insurance and Annuity Company
Metropolitan Tower Life Insurance Company
New England Financial

Print Witness' Name

Witness' Address

REDACTED